For Office Use Only	\$400 Exam/Endorsement \$200 Temporary
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## Application for Podiatry Licensure Iowa Department of Public Health/Bureau of Professional Licensure

## PLEASE PRINT Instructions are found on page 3

1Last Name	2			
Last Name	First N	Name and Middle Name		
3				
	_			
4City, State, Zip Code	5 E-Mail Ada	lress		
6 7 7	Date of Birth	8Social Secu	 rity Number*	
9. Male Female 10. If any of your documentation is	s in a name other than your curre	nt name, list the previous no	ames of record	<u>d.</u>
The following questions must be answered. If you answer "explanation providing the details of the incident, (2) attach a crecommendations, and (3) attach a copy of all official court docu disposition and/or settlement. You must answer "Yes" even who your record.	opy of any court ordered ments regarding your conven a conviction or judgmen	evaluations, showing viction/malpractice sui nt has been deferred o	completions, including	n and g final
11. Been convicted, found guilty of or entered a plea of guilty o (Other than minor traffic violations with fines under \$500)?			Yes	No
12. Had any judgments or settlements paid on your behalf as a re-	sult of a malpractice suit or	claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification registration, or certification authority or organization institute of professional practice? (If the investigation or action was institute. "NO" to this question).	lisciplinary action against	you related to your	Yes	No
4. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization elated to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).				No
Yes  5. Developed a medical condition which in any way impairs or limits your ability to practice your profession ith reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review ommittee, you may answer "NO" to this question.)			Yes	No
16. Been engaged in illegal or improper use of drugs or other c currently a participant in the Impaired Practitioner Review Comn			Yes	No
17. Type of Application: Examination Professional Education	Endorsement	Геmporary		
18		19		
		Degree	Date	
20. National Board of Podiatric Medicine Examination:				
Part I				
Month/Day/Year Part II	Are official scores ordered	? Yes	П No Г	1
Part II Month/Day/Year		100		_
For Office Use   License #: Date Issued:				

	pplying for a permanent license, have you taken the Part III (PMLexis) Examination?  If yes, pass date Are official scores ordered?  Month/Day/Year	
Month/Day/Year  If no, state where you plan to taken the Part III (PMLexis) I	Examination State Abbreviation	 Month/Day/Year
22. Have you completed your residency?  If yes, when?  From	to	Yes No No
a. Name of Program		
b. Address		
c. Program Director & Telephone Number		
GRADUATES FROM PODIATRY COLLEGE AFTER JANUA FROM THE RESIDENCY PROGRAM DIRECTOR VERIFYING		
23. Are residency verification letter(s) ordered?		Yes 🗌 No 🗌
24. Are you or have you ever been licensed, registered, or certified in If yes, list the two letter abbreviation of the state(s) below.	n another state?	Yes 🗌 No 🗌
25. If licensed in another state, list below where you have practiced a Pursuant to Chapter 220.7(3) "An applicant who passed the Partyears prior to the date of application in Iowa must submit proof	t III NBPME Examination (PMI of podiatry practice for one of the	
a. Name:Office address:		to
Type of practice:		
b. Name:		
Office address:	Date: From	to
Type of practice:		
I certify that I have carefully read the questions on this application and have of perjury that my answers, and all other statements or information submit determined at any time that I have provided misleading or false inform application may be denied or that I may be subject to disciplinary action and	ted by me in this application process ation on or in support of this appli	s, are true and correct. If it is ication, I understand that my
I understand that I am required to update answers or information submitted period the application is pending. I also understand that this application is application information is public information, subject to the exceptions cont to any reasonable inquiry that may be necessary to verify the information I have a subject to the exceptions contains a subject to the exceptions are subject to the exceptions as a subject to the exceptions are subject to the exceptions and the subject to the exceptions are subject to the exception and the exception are subject to the exception and the exception are subject to the exception are subject to the exception and the exception are subject to the exception and the exception are subject to the exception ar	a public record in accordance with Io ained in Iowa law. Finally in submit	wa Code, Chapter 22 and that ting this application, I consent
*This information is collected pursuant to Iowa Code Chapters 252J, 261 & license denial. <b>Privacy Act Notice:</b> Disclosure of your Social Security Nur 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connec internal means to accurately identify licensees, and may be shared with taxing	mber on this license application is rection with the collection of child supp	quired by 42 U.S.C. § ort obligations and as an
26		
Applicant must sign here in ink		Date

## INSTRUCTIONS/CHECKLIST

To complete the application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure. It is the applicant's responsibility to see that all required documents and fees reach the board office.

<b>TEMPORARY LICENSE:</b> (Issued for one year - May be annually renewed at the discretion of the Board)
Complete the application form and pay the non-refundable application fee of \$200. Make check or money order payable to
the Iowa Board of Podiatry.
Official copies of academic transcripts verifying graduation from a college of podiatric medicine approved by the Council
on Podiatric Medical Education (CPME) of the American Podiatric Medical Association. Transcripts must be sent
directly from the school to the board office.
Official NBPME scores - Part I and Part II sent directly from NBPME
Furnish an affidavit by the institution director or dean of an approved podiatric college from Iowa, attesting that the
applicant has been accepted into a residency program. The residency program must be approved by the CPME of the
American Podiatric Medical Association
Official verification from all states where you are currently, or were previously licensed. These must be sent directly to
this office from the original board office. Web-based verifications may be substituted directly from the jurisdictions
board office if the verification provides the licensee's name, date of initial licensure, current licensure status and any
disciplinary action taken against the license.
disciplinary action taken against the needse.
EXAMINATION OR ENDORSEMENT:
Complete the application form and pay the non-refundable application fee of \$400. Make check or money order payable to
the Iowa Board of Podiatry.
Official NBPME scores – Part I, Part II, and Part III sent directly from NBPME
Official copies of academic transcripts verifying graduation from a college of podiatric medicine approved by the Council
on Podiatric Medical Education (CPME) of the American Podiatric Medical Association. Transcripts must be sent
directly from the school to the board office.
Passing score reports for Part II, Part II, and Part III of the NBPME examination shall be sent directly from the examination
service to the board office.
Graduates from a podiatry college on or after January 1, 1995 shall present documentation of successful completion of a
residency approved by the American Podiatric Medical Association's Council on Podiatric Medical Education.
Applicants who passed Part III of the NBPME examination more than three years prior to application date must submit
official verification of podiatry practice for one of last three years.
All applicants applying by <b>endorsement</b> shall submit an official verification from all states where you are currently, or were
previously licensed. These must be sent directly to this office from the original board office. Web-based verifications
may be substituted directly from the jurisdictions board office if the verification provides the licensee's name, date of
initial licensure, current licensure status and any disciplinary action taken against the license.
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**Applications must be complete and signed to be processed.** No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or karla.hoover@idph.iowa.gov

## Online license verification:

Once licensed you will be able to view and print your licensure status by following these five easy steps. The board office will mail a license certificate and wallet card to you via regular mail.

- 1. Go to www.licensediniowa.gov
- 2. Select "License Search".
- 3. Insert the licensee's name or license number.
- 4. Select the profession from the dropdown list. "Podiatry"
- 5. Select "Print" for a paper copy.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the Iowa board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. **Mail the original completed application bearing signature in ink to:** 

Iowa Board of Podiatry Lucas State Office Building, 5<sup>th</sup> Floor 321 E. 12th Street Des Moines, Iowa 50319-0075